

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
Carol Valentine

Plaintiff,

**Declaration of  
Ronald Epstein**

-against-

Aetna Life Insurance Company

Civ Action: 2:14-cv-01752  
Hon. Joseph F. Bianco  
Defendants.

,

-----X

Carol Valentine, pursuant to 28 U.S.C. Sec. 1746(2) declares under the penalties of perjury the following.

1. I am Counsel to the Plaintiff herein.
2. I make this declaration in support of Plaintiff's Cross Motion for Summary Judgment and in opposition to Defendant's Motion.
3. I was counsel to the Plaintiff during her intra company appeal as well as in the within Action.
4. Attached hereto as Ex. 1 is the documentation provided by AETNA Pursuant to our demand for discovery.<sup>1</sup>
5. Attached hereto as Ex. 2 is the Defendant's response to Plaintiff's discovery requests
6. Attached hereto as Ex. 3 is a copy of Plaintiff's final proceeds check from AETNA.
7. Subsequent to receiving the partial denial on appeal I requested reopening of the claim because I was never advised that AETNA was seeking further documentation of

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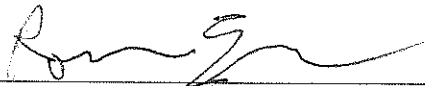
<sup>1</sup> All references are to the page numbers affixed to documents by AETNA. Page numbers "1" to "105" refer to the Plan Documents submitted as Exhibit "A" to Defendant's motion for Summary Judgement. Page numbers "106" through "837" are submitted by Aetna as the "claim file" as Exhibit "B" to Defendant's motion. "838" to "898" were produced by AETNA under objection as response to Plaintiff's request for further documentation and attached to Plaintiff's cross motion as "Ex 1" to Ronald Epstein's Declaration. It is Plaintiff's contention that this documentation are properly includeable in the "administrative record".

disability after the submission of the appeal in December, 2012 and I was never advised that Defendants peer review Doctor was having difficulty contacting Dr. Sirois.

8. My letter and further records are contained in Ex 1.
9. Aetna denied my request and refused to forward the submitted records to their doctor.
10. After the partially favorable decision was received Ms. Wing continued to refuse a part of the proceeds due.
11. All of my conversations with Ms. Wing are not contained in the records provided but Aetna's legal counsel finally directed Aetna to pay the full proceeds due in November 2011, over 6 months from when Aetna determined they were due.
12. Aetna did not produce notes pertaining to this payment or the conversation Ms. Wing had with others in AETNA while processing this document. A copy is attached hereto as Exhibit 3.
13. I am an Attorney at Law admitted to practice before this Court. This declaration is made upon my personal knowledge to be submitted to the court in connection with Plaintiff's Cross Motion for Summary Judgment.


I declare under penalty of perjury that the  
Foregoing is true and correct.

Dated : November \_\_\_\_, 2014

  
\_\_\_\_\_  
Ronald L. Epstein

# PLAINTIFF'S EXHIBIT

1

Client Name:	Hubbard Broadcasting, Inc.	First Name:	CAROL	Middle Initial:	M
Work State:	MN	Employee ID:	160473458	Date of Birth:	53
Preferred Contact:	978-255-1057 Phone (Home)	Claim ID:	5464356	Date of Hire:	12/01/2008
					

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Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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image Notes:

Correspondence - Appeals	3/4/13	Closed	3/5/13 11:41 am	ANA MOLINA	ASHUTOSH NARAYAN	ANA MOLINA	3/5/13 11:41 am
Image Description:					SEARCH		

4.305 51.06

Appeal Follow Up For Claim File	3/4/13	Q02x.0	3/5/13 11:54 am	ANA MOLINA	ANA MOLINA	3/5/13 11:54 am
Appeal ID: 3140112						

Comments

All the information related to the appeal claim has been scanned. No further follow-ups are needed from Appeals at this time... amending

Interdepartmental Contact	3/7/13	Closed	3/7/13	4:06 pm	ELIZABETH WING	ANA MOLINA	3/7/13	4:06 pm
Please enter the interdepartmental contact information								

Please enter the interdepartmental contact information

Please note that EE has attorney representation. Please direct any communication  
w/Attorney Ron Epstein at 516-249-1142

[illegible]

### Claim summary & pertinent case info

Appeal Notification Of Remittance	3/1/13	Closed	3/1/13	4:07 PM	ELIZABETH WING	3/7/13	4:07 PM
Authorization From:					ANA MOLINA		

2011

163392512

actually occurred

[illegible]

We want you to know

Aetna

Client Name:	Hubbard Broadcasting, Inc.	Last Name:	VALENTINE	First Name:	CAROL	Middle Initial:	M
Work State:	MM	Employee ID:	160473458	Date of Birth:		Age:	53
Preferred Contact:	557073 Phone (Home)	Claim ID:	5464356	Date of Injury:	12/01/2008	Gender:	F

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Decision Reason:

Decision Rationale:

Medical information supports disability

Injury details include chronic neuropathic pain affecting the face, allodynia, diminished neurocognition, diminished memory, & poor concentration. These effects & impairments are noted from 12/14/3/30/12. It is reasonable that these impairments will continue for another 6 months through 6/30/12. There is a lack of exam findings from 7/1/12, cognitive evals, or functional exam correlation. EE RTW 8/20/12.

Decision By:

Appeal Assigned To:

Phone:

Appeal Coordinator

3438326

6932907

Employer Contact Email:	3/7/13	Closed	3/7/13	4:26 pm	ELIZABETH WING	ELIZABETH WING	3/7/13	4:26 pm
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To Address List:

CC Address List:

Do Not Send

Comments:

mmurphy@hilton.com

No

Benefit Level Authority Review	3/7/13	Closed	3/7/13	5:05 pm	KELLY WIERS	ELIZABETH WING	KELLY WIERS	3/7/13	5:05 pm
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Please enter the internal work note:

approval limit exceeded Benefit Level Authority Review created

Benefit Payment Not Approved	3/7/13	Closed	3/12/13	1:04 pm	ELIZABETH WING	KELLY WIERS	ELIZABETH WING	3/12/13	1:04 pm
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Please enter the internal work note:

Benefit Payment Not Approved task created

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Report Date: 03/25/2014

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<b>Client Name:</b>	Hubbard Broadcasting, Inc.		<b>Last Name:</b>	VALENTINE	<b>First Name:</b>	CAROL	<b>Middle Initial:</b>	M
<b>Work State:</b>	MN	<b>Employee ID:</b>	160473458	<b>Date of Birth:</b>	[REDACTED]	<b>Age:</b>	53	
<b>Preferred Contact:</b>	[REDACTED] Phone (Home)		<b>Claim ID:</b>	5464356	<b>Date of Hire:</b>	12/01/2008	<b>Gender:</b>	F

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
Initial SSDI Review Task	3/13/13	Closed	3/13/13 8:10 am	ELIZABETH WING	ELIZABETH WING	ELIZABETH WING	3/13/13 8:10 am
<b>Plan Name</b>							
Work Status	Not At Work						
Status	Approved						
Reason	Disability Supported						
App Start Date	6/11/2012 12:00:00 AM						
App Thru Date	6/30/2012 12:00:00 AM						
Claim Owner	ELIZABETH WING						
Claimant Preferred Address:							
City	EAST HAMPTON						
State	New York						
Zip	11937						
Primary Diagnosis	ICD9 : 350.9 - TRIGEMINAL NERVE DISORDER, UNSPECIFIED						
Disability Date	12/14/2011 12:00:00 AM						
Management End Date							
Social Security Type	Disability						
Social Security Type	Disability						
Level:	Initial						
Level	Monitoring						
Status	Pending						
Status	Pending						
Status Date	5/2/2013 12:00:00 AM						

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Client Name: Hubbard Broadcasting, Inc. Last Name: VALENTINE First Name: CAROL Middle Initial: M  
 Work State: MN Employee ID: 160473458 Date of Birth: [REDACTED] Age: 53  
 Preferred Contact: [REDACTED] Claim ID: 5464356 Date of Hire: 12/01/2008 Gender: F

We want you to know



Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Status Date

Entitlement Date

Entitlement Date

Individual Amount

Individual Amount

Add'l Earnings Amount

Add'l Earnings Amount

Dependent Amount

Dependent Amount

Notes

Plan of Action

3/12/2013 12:00:00 AM

1/1/0001 12:00:00 AM

1/1/0001 12:00:00 AM

0

0

0

0

0

0

Atsup Note: Atsup reviewed and deferred representation at this time. Atsup will begin monitoring and will follow up in one month to review LTD status or updated clinical and functional documentation.

Mundana

Update Medical Authorization Form	3/16/13	Closed	3/16/13 3:26 am	ELIZABETH WING	WK46 SYSTEM	3/16/13 3:26 am
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Mailing Method:

Do Not Send

Comments:

Minimum Billable Hours:

BHU Billable Hours:

Maximum Billable Hours

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03/25/2014

Client Name:	Hubbard Broadcasting, Inc.	Last Name:	VALENTINE	F RS Name:	CAROL	Middle Initial:	M
Work State:	MN	Employee ID:	160473458	Date of Birth:	[REDACTED]	Age:	53
Preferred Contact:	[REDACTED]	Claim ID:	5464356	Date of Hire:	12/01/2008	Gender:	F

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated by	Date Last Updated
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Correspondence - Appeals	3/25/13	Cosac	4/1/13	3:04 pm	ANA MOLINA	4/1/13	3:05 pm
					ASHUTOSH NARAYAN		
					URGENT		

*Saunders, S.S., & Gendron, J.A. (Eds.). (2016). The psychology of business ethics: A handbook for research and practice.*

03/25/2025

50XEN: 55816241/32,910

Type of Information Requested all that apply

If Other information Received, please describe:

Provider Name:

Diagnosis:

If Other, please specify:

CPT Search

CPT Code

CPT4 Description

Procedure Date:

Date of Disability:

KRW Date (if provided)

## Notes

Approved: \_\_\_\_\_  
Date: \_\_\_\_\_

Das Ende ist nicht das Ende, das ist die Mitte.

“...and the Lord said to him, ‘I will be with you and will protect you.’”

## Plan of Action

Attorney Contact	4/2/13	Closed	4/2/13 1:41 PM	ANA POLICIA	ANA POLICIA	4/2/13 2:02 PM
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[illegible]

03/25/2019

221111



Client Name: Hubbard Broadcasting, Inc. Last Name: VALENTINE Employee ID: 160473458 First Name: CAROL Middle Initial: M  
 Work State: MN Claim ID: 5464356 Date of Birth: 12/01/2008 Age: 53  
 Preferred Contact: 612-687-0857 Phone (Home) Date of Hire: 12/01/2008 Gender: F

We want you to know  


Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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## Contact Reason:

Attorney Representation:

Litigation Status:

Notes:

Follow Up

Yes

Not Applicable

A5 received from Matty, Assistant to Mr. Ronald Epstein. She wanted to confirm receipt of the letter, dated 3/25/13. She wanted to find out if we can consider a KPI information. To Q/B at 5:16:24.9.1342.

A5 returned by and to Matty. Confirmed receipt of letter, dated 3/25/13. Advised that we cannot consider new information received with the letter. Appeal has closed 3/1/13. A letter will be mailed confirming the same. Advised that A5 will process request for claim file and all docs per request of letter, dated 3/20/13 from attorney. Matty verbalized understanding.

Plan of Action:

Process exhaust letter and process request for records to attorney.

Completed

Correspondence - Incoming	4/1/13	Closed	4/2/13 5:46 pm	ELIZABETH WING	ROBT SIRSH	ELIZABETH WING	4/2/13 5:46 pm
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Image Description:

Image Notes:

CORR

Medical Authorization Form	4/1/13	Closed	4/2/13 5:47 pm	ELIZABETH WING	WEB SERVICE	ELIZABETH WING	4/4/13 4:34 pm
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Please enter the Image Notes

Medical Release Status

Medical Release Image #:

Medical Release Date

Do you want to update Claim Detail Screen?

HIPAA

YES On File

03/16/2013

YES

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Report Date: 03/25/2014

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Client Name: Hubbard Broadcasting, Inc.

Last Name: VALENTINE

First Name: CAROL

Middle Initial: M

Work State: MN

Employee ID: 160473458

Date of Birth: 

Age: 53

Claim ID: 5464356

Date of Hire: 12/01/2008

Gender: F

Preferred Contact:  Home (Home)

We want you to know!

Aetna

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Correspondence - Appeals	4/2/13	Closed	4/4/13 4:40 pm	ANA MOLINA	RHUPENDRA SINGH	ANA MOLINA	4/9/13 4:44 pm
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Image Description:

Image Notes

Exhaust letter to attorney

Appeal Work Note	4/4/13	Closed	4/4/13 4:52 pm	ANA MOLINA	ANA MOLINA	ANA MOLINA	4/9/13 4:52 pm
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Please enter the internal work note

AS requested for Appeal Assistance to send copy of claim file to attorney, including copy of policy.

Appeal Work Note	4/5/13	Closed	4/5/13 5:24 pm	BEVERLY SMART	BEVERLY SMART	BEVERLY SMART	4/5/13 5:24 pm
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Please enter the internal work note.

Claim file and Policy mailed to the claimant's attorney, Ronald L. Epstein, via UPS 2nd day air

Tracking #: 1Z 7XA 569 02 9781 0767

Life Notification Task	5/7/13	Closed	4/10/13 3:44 pm	NA LIFE UNIT QUEUE USER 1	ELIZABETH WING	TERESA BURNS	4/10/13 3:44 pm
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Control Number

0473262

Date of Disability

12/19/2011 12:00:00 AM

Date of Death

Life User Management Options

Continue to send Life Updates on this claim

Claim Status

Approved

Status Reason


Disability Supported

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Report Date: 03/25/2014

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Client Name:	Hubbard Broadcasting, Inc.	First Name:	CAROL	Middle Initial:	M
Work State:	MN	Date of Birth:	<del>01/01/1955</del>	Age:	53
Preferred Contact:	<del>Home</del>	Date of Hire:	12/01/2008	Gender:	F


  
 We want you to know!

2000年12月

putty

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Start Date

Thru Date

6/11/2012 12:59:02 AM

WY 00 41 3102163 MY

Correspondence - Address	4/8/13	Closed	4/10/13	7:20 am	ANA MOLINA	4/10/13	7:20 am
					RGHT SINCH		

Image Description:

image Notes:

Copy of letter and tracking # for copy of claim file to attorney

UIC Claimant Interview	4/11/13	Closed	4/11/13 5:05 pm	KAREN GROHLUND	ELIZABETH WING	KAREN GROHLUND	4/11/13 6:35 PM
Completed Contact Time							

Completed Contact Type:

Attorney or "Other"

Please define:

## Notes

Claim was originally denied at the 11 level and re approved. The claim was overturned and supported for only a brief period of time.

STS reviewed the claim and asked for clarification re: payroll and co prior to approving benefits and closing the claim.

ESB is working with attorney re: other income and will also discuss claim further with STS.

OSM would like to have interview last, closed as it has now gone back to appeals (still in OSM's ID), but OSM has sent additional info for appeals to review).

PL. CLARK REVIEW.

As a result of the above, the following is proposed:

### Plan of Action

[illegible]

03/25/2014

Report Date:

2121



We want you to know.



Client Name:	Hubbard Broadcasting, Inc.	Last Name:	VALENTINE	First Name:	CAROL	Middle Initial:	M
Work State:	MN	Employee ID:	160473458	Date of Birth:	[REDACTED]	Age:	53
Preferred Contact:	[REDACTED] Phone (Home)	Claim ID:	5464356	Date of Hire:	12/01/2008	Gender:	F

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Rationale for decision:

Claim was discontinued for non medical support

Claim was overturned on appeal on 7/1/2013 d/t the following:

Injuries include chronic neuropathic pain affecting the face, atrophy, diminished neurocognition, diminished memory, & poor concentration. These effects & impairments are noted from 12/14/2008 through 6/30/12. It is reasonable that these impairments will continue for another 3 months through 6/30/12. There is a lack of exam findings from 7/1/12, cognitive eval's, or functional exam correlation. EE RTW 6/30/12.

Approve claim from CEO of 6/11/2012 and pay thru 6/30/2012 as EE is not supported after this date and RTW on 8/20/2012.

After discussion with STD, we pay claim at min ben until the following is rec'd from attorney:

- \*\*All required payroll
- \*\*Unemployment records
- \*\*Copy of Settlement agreement re lump sum to be rec'd from ER one above
- I have reviewed claim and agree with initial investigation.
- Kelly Wark STS

Plan of Action:

Comments

LTD RTW Status Change	4/16/13	Closed	4/16/13 3:16 pm	ELIZABETH WING	ELIZABETH WING	4/17/13 1:57 pm
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Status:

Terminated

Status Reason:

Disability Not Supported

Status Change Date

4/16/2013 10:59:15 AM

Rationale:

EE was medically supported from ced thru 6/30/2012

Plan of Action:

Pay claim accordingly at min ben until all info is rec'd from attorney.

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Client Name: Hubbard Broadcasting, Inc. Last Name: VALENTINE First Name: CAROL Middle Initial: M  
 Employee ID: 160473458 Date of Birth: [REDACTED] Age: 53  
 Claim ID: 5464356 Date of Hire: 12/01/2008 Gender: F  
 Work State: MN  
 Preferred Contact: [REDACTED] Home (Home)

Our work goes to Aetna

Task Name & Task Details:	Scheduled Date	Task Status	Claim Owner	Originator	Last Updated By	Date Last Updated
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Employer Contact Email	4/16/13	Closed	4/16/13 12:44 pm	ELIZABETH WING	ELIZABETH WING	4/16/13 1:32 pm
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To Address List:

CC Address List

Do Not Send

Comments:

42

LTD Determination EE Contact	4/15/13	Closed	4/18/13 1:53 pm	ELIZABETH WING	KELLY WIERS	4/19/13 5:46 pm
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Contact Type

If other, please specify:

Disability Determination:

Benefits Authorized Thru:

Plan of Action:

Other

Attorney

Approved

6/26/2012 12:00:00 AM

S/W EE's attorney, Ron Epstein and advised in order to properly pay EE's benefits, we will need additional financial info, unemployment earnings, and the lump sum amount and recalc TE rec'd it from EE. He said that was a personal matter and does not relate to the disability. I advised this may be true, however, we need a copy of what the settlement retained for our review prior to recalculating the claim, as EE rec'd it after she went out on disability. He said he would need this req in writing and that I could e-mail it to him at [robert@epsteinlaw.com](mailto:robert@epsteinlaw.com). I advised I will do so. He said we could find ee's earnings in the appeals pay-I said I would take a look and that he did not have any other info re: unemployment than what we already have or file. I said we have an amount that was given on DQI- we're offsetting this amount currently.

Contact Outcome:

Completed


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Report (3/25/2014)

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Client Name:	Hubbard Broadcasting, Inc.	Last Name:	VALENTINE	First Name:	CAROL	Middle Initial:	M
Work State:	MI	Employee ID:	160473458	Date of Birth:	[REDACTED]	Age:	53
Preferred Contact:	[REDACTED]	Claim ID:	5464356	Date of Hire:	12/01/2008	Gender:	F


  
 We want you to know™

—TODAY'S PROBLEM?



Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Benefit Level Authority Review	4/18/13	Closed	4/22/13 11:59 PM	MARY BYRNES	ELIZARETH WING	MARY BYRNES	4/30/13 8:22 AM

Российский Альянс (РА) ищет партнеров для реализации проекта

Authority Review Completed	4/22/13	Closed	4/22/13	9:02 am	ELIZABETH WING	MARY BYRNE 5	ELIZABETH WING	4/30/13	8:22 am
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Pathology Review Completed task created

Follow Up SSDI Review Task	4/30/13	4/29/13 2:54 PM	ELIZABETH WING	LETRA Miller	4/30/13 8:22 AM

Qatar

100

Appendix

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[illegible]

CHIT

11-30-94

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Stacy

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101035

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01/07/2014

11/20/11

1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1330 1331 1332 1333 1334 1335 1336 1337 1338 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 1349 1350 1351 1352 1353 1354 1355 1356 1357 1358 1359 1360 1361 1362 1363 1364 1365 1366 1367 1368 1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1380 1381 1382 1383 1384 1385 1386 1387 1388 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1440 1441 1442 1443 1444 1445 1446 1447 1448 1449 1450 1451 1452 1453 1454 1455 1456 1457 1458 1459 1460 1461 1462 1463 1464 1465 1466 1467 1468 1469 1470 1471 1472 1473 1474 1475 1476 1477 1478 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488 1489 1490 1491 1492 1493 1494 1495 1496 1497 1498 1499 1500 1501 1502 1503 1504 1505 1506 1507 1508 1509 1510 1511 1512 1513 1514 1515 1516 1517 1518 1519 1520 1521 1522 1523 1524 1525 1526 1527 1528 1529 1530 1531 1532 1533 1534 1535 1536 1537 1538 1539 1540 1541 1542 1543 1544 1545 1546 1547 1548 1549 1550 1551 1552 1553 1554 1555 1556 1557 1558 1559 1560 1561 1562 1563 1564 1565 1566 1567 1568 1569 1570 1571 1572 1573 1574 1575 1576 1577 1578 1579 1580 1581 1582 1583 1584 1585 1586 1587 1588 1589 1590 1591 1592 1593 1594 1595 1596 1597 1598 1599 1600 1601 1602 1603 1604 1605 1606 1607 1608 1609 1610 1611 1612 1613 1614 1615 1616 1617 1618 1619 1620 1621 1622 1623 1624 1625 1626 1627 1628 1629 1630 1631 1632 1633 1634 1635 1636 1637 1638 1639 1640 1641 1642 1643 1644 1645 1646 1647 1648 1649 1650 1651 1652 1653 1654 1655 1656 1657 1658 1659 1660 1661 1662 1663 1664 1665 1666 1667 1668 1669 1670 1671 1672 1673 1674 1675 1676 1677 1678 1679 1680 1681 1682 1683 1684 1685 1686 1687 1688 1689 1690 1691 1692 1693 1694 1695 1696 1697 1698 1699 1700 1701 1702 1703 1704 1705 1706 1707 1708 1709 1710 1711 1712 1713 1714 1715 1716 1717 1718 1719 1720 1721 1722 1723 1724 1725 1726 1727 1728 1729 1730 1731 1732 1733 1734 1735 1736 1737 1738 1739 1740 1741 1742 1743 1744 1745 1746 1747 1748 1749 1750 1751 1752 1753 1754 1755 1756 1757 1758 1759 1760 1761 1762 1763 1764 1765 1766 1767 1768 1769 1770 1771 1772 1773 1774 1775 1776 1777 1778 1779 1780 1781 1782 1783 1784 1785 1786 1787 1788 1789 1790 1791 1792 1793 1794 1795 1796 1797 1798 1799 1800 1801 1802 1803 1804 1805 1806 1807 1808 1809 1810 1811 1812 1813 1814 1815 1816 1817 1818 1819 1820 1821 1822 1823 1824 1825 1826 1827 1828 1

030251234

22081

We want you to know

Aetna

Client Name:	Hubbard Broadcasting, Inc.	Last Name:	VALENTINE	First Name:	CAROL	Middle Initial:	M
Work State:	MN	Employee ID:	160473458	Date of Birth:	01/13/53	Age:	53
Preferred Contact:	957/673-0677 (Home)	Claim ID:	5464356	Date of Hire:	12/01/2008	Gender:	F

Task Name & Task Details:	Scheduled Date	Task Status	Claim Owner	Originator	Last Updated By	Date Last Updated
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Entitlement Date 1/1/2001 12:00:00 AM

Entitlement Date 1/1/2001 12:00:00 AM

Individual Amount 0

Individual Amount 0

Individual Amount 0

Add'l Earnings Amount 0

Add'l Earnings Amount 0

Add'l Earnings Amount 0

Dependent Amount 0

Dependent Amount 0

Dependent Amount 0

Notes

Plan of Action

Allsup has rescinded involvement of claim because Aetna has closed claim.

If claim is reinstated, DBM should notify Allsup.

Correspondence - Incoming	4/29/13	Closed	4/30/13 8:30 am	ELIZABETH WING	SARDEEV KUMAR	ELIZABETH WING	4/30/13 8:30 am
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Image Description:

Letter from Allsup

Image Notes:

Life Notification Task	4/16/13	Closed	5/13/13 6:15 am	NA LIFE UNIT QUEUED UICR J	ELIZABETH WING	LYNDA GREEN	5/13/13 6:15 am
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Control Number

0473282

\*\*\*\*\*DISCLAIMER\*\*\*\*\*  
 This document contains confidential information. It is intended for the use of the individual named in the header. It is not to be distributed to anyone else. If you are not the named individual, please do not use this information. If you are the named individual, please use this information in accordance with the instructions provided. If you have any questions, please contact the person who provided this information.

Report Date: 5/21/2014





Client Name: Hubbard Broadcasting, Inc. Last Name: VALENTINE First Name: CAROL Middle Initial: M  
 Work State: MN Employee ID: 160473458 Date of Birth: [REDACTED] Age: 53  
 Preferred Contact: [REDACTED] Phone (Home): [REDACTED] Date of Hire: 12/01/2008 Gender: F

We want you to know  
 Aetna

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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Please enter the internal work note.

Full to determine how to proceed with attorney's request.

per TL response will be handled by TL Tara Johnson

STS with disbursement involvement at this time.

K. Wiers STS

BFS Correspondence	3/24/14	Closed	3/24/14 5:55 pm	ELIZABETH WING	SANTOSH KUMAR	SANTOSH KUMAR	3/24/14 5:55 pm
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Image Description:

Image Notes:

Law Suit

Attorney Contact	3/24/14	Closed	3/24/14 9:26 pm	KELLY WIERS	KELLY WIERS	KELLY WIERS	3/24/14 9:26 pm
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Contact Reason:

Attorney Representation:

Litigation Status:

Notes:

Plan of Action:

Contact Outcome:

Notification

Yes

Active Re EE Contact

Lawsuit filed

Special Handling Contact legal with any questions.

BFS to file

Completed

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Report Date: 03/25/2014

Page 171 of 127

Client Name: Hubbard Broadcasting, Inc. Last Name: VALENTINE First Name: CAROL Middle Initial: M  
 Work State: MI Employee ID: 160473458 Date of Birth: 53  
 Preferred Contact: [Redacted] Phone (Home): 5464356 Date of Hire: 12/01/2008 Gender: F

WFOVA01752-01752

Aetna

Task Name: [Redacted] Scheduled Date: [Redacted] Task Status: [Redacted] Completed Date: [Redacted] Claim Owner: [Redacted] Originator: [Redacted] Last Updated By: [Redacted] Date Last Updated: [Redacted]

### Notes Trending by Claim Status

	Total	Closed
<b>Total</b>	<b>173</b>	<b>173</b>
Correspondence - Appeals	15	15
Employee Contact	14	14
Internal Worksite	11	11
Correspondence - Incoming	9	9
Appeal Work Note	5	5
Attorney Contact	5	5
Call Tracking	5	5
Analysis/Review Medical Records	3	3
Clinical Consultant Referral	3	3
Employer Contact Email	3	3
Financial Authorization	3	3
Follow Up Provider Contact	3	3
Interdepartmental Contact	3	3

\*\*\*CONFIDENTIALITY NOTICE\*\*\*: This report contains information that is confidential under the provisions of the Privacy Act, 5 U.S.C. 552. It is intended for the use of the person to whom it is addressed only. It is not to be distributed outside the organization. The person to whom it is addressed is responsible for its proper handling and disposal. This report is not to be used for any other purpose. The report is not to be used for any other purpose. The report is not to be used for any other purpose.

Report Date: 6/26/2014

Page 124 of 127

<b>Client Name:</b>	<b>Hubbard Broadcasting, Inc.</b>						
<b>Work State:</b>	MN	<b>Last Name:</b>	VALENTINE	<b>First Name:</b>	CAROL	<b>Middle Initial:</b>	M
<b>Preferred Contact:</b>	[REDACTED]	<b>Home (Home)</b>	[REDACTED]	<b>Date of Birth:</b>	[REDACTED]	<b>Age:</b>	53
				<b>Date of Hire:</b>	12/01/2008	<b>Gender:</b>	F

<b>Task Name &amp; Task Details:</b>	<b>Scheduled Date</b>	<b>Task Status</b>	<b>Completed Date</b>	<b>Claim Owner</b>	<b>Originator</b>	<b>Last Updated By</b>	<b>Date Last Updated</b>

	Total	Closed
Life Notification Task	3	3
Medical Authorization Form	3	3
Medical Records	3	3
Appeal Employer Tolling Notification	2	2
Appeal Tolling (S/D/LTD)	2	2
Benefit Level Authority Review	2	2
BES Correspondence	2	2
Claim Owner Reassignment	2	2
Clinical Consultant Review	2	2
Clinical Review Acknowledgment	2	2
Fax Form Confirmation Task	2	2
LTD Claimant Interview	2	2
LTD Clinical Provider Contact	2	2
LTD Determination EE Contact	2	2
LTD Disability Determination	2	2

[illegible]

Client Name: Hubbard Broadcasting, Inc.		Last Name: VALENTINE		First Name: CAROL		Middle Initial:		M	
Work State: MN		Employee ID: 160473458		Date of Birth:		Age:		53	
Preferred Contact: <del>XXXXXXXXXX</del> Home Phone (Home)		Claim ID: 5464356		Date of Hire:		Gender:		F	
Task Name & Task Details:		Scheduled Date		Task Status		Completed Date		Claim Owner	
								Originator	
								Last Updated By	
								Date Last Updated	

	Total	Closed
Other Income Questionnaire	2	2
Peer Review	2	2
Other Notes which are not in the Above Categories	54	54

CONFIDENTIALITY NOTICE: This document contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with the policies and procedures of the Department of Justice, Office of the Inspector General. It is to be destroyed when it is no longer needed for official use. It is to be kept confidential and not to be released to the public or other personnel who do not have a valid "need to know" without prior approval of the Inspector General. The Inspector General is not to be held responsible for the actions of any individual who discloses this information to the public or other personnel who do not have a valid "need to know".

Report Date: 03/23/2014

Client Name:	Hubbard Broadcasting, Inc.	Last Name:	VALENTINE	First Name:	CAROL	Middle Initial:	M
Work State:	MN	Employee ID:	160473458	Date of Birth:	[REDACTED]	Age:	53
Preferred Contact:	972-968-7777 (Home)	Claim ID:	5464356	Date of Hire:	12/01/2008	Gender:	F

We want you to know

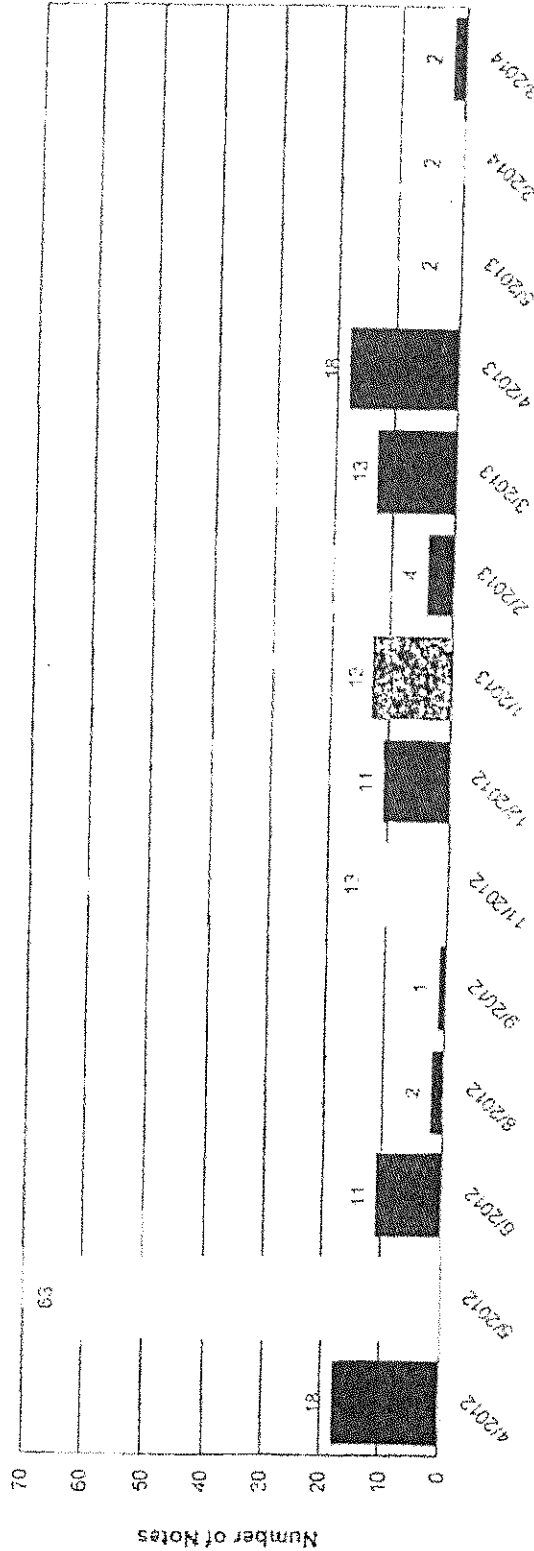
**X Aetna**

—*Reddy in New York*—

Хотелъ

Task Name & Task Details:	Scheduled Date	Task Status	Completed Date	Claim Owner	Originator	Last Updated By	Date Last Updated
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**Note Summary**  
Number of Notes Updated by Date (By Month)

[illegible]

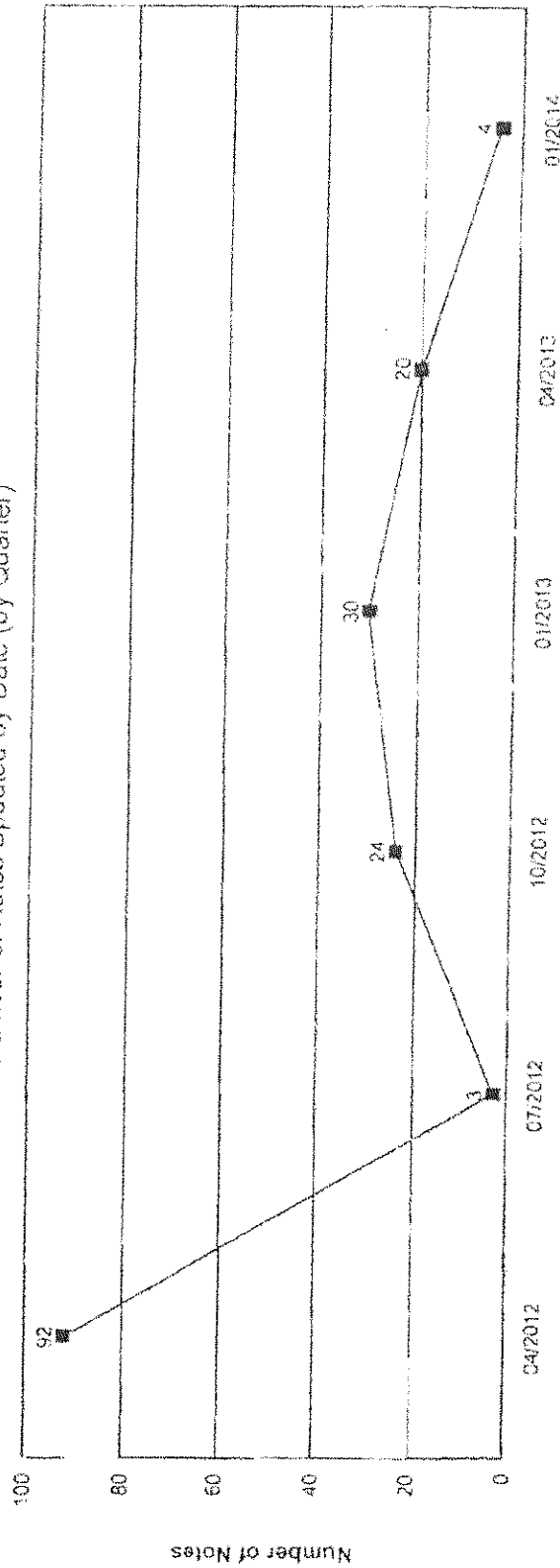
1991





Client Name:	Hubbard Broadcasting, Inc.	
Work State:	MIN	
Preferred Contact:	[REDACTED] Phone (Home)	
Task Name & Task Details:	Scheduled Date	Task Status
	Completed Date	
	Claim Owner	Originator
	Last Updated By	Date Last Updated
Last Name:	VALENTINE	
Employee ID:	150473458	
Claim ID:	\$464356	
First Name:	CAROL	
Date of Birth:	[REDACTED]	
Date of Hire:	12/01/2008	
Inside Initial:	M	
Age:	53	
Gender:	F	

**Note Summary**  
Number of Notes Updated by Date (by Quarter)

[illegible]





二、三、四、五

KELLY WIPPS FOR CQFL received unemployment and other forms of assistance that need to be investigated. CQFL has to be determined how Kelly was contacted by her contact representatives, business, and dated at average rates 12 out of 1000 in the rate of which determine how Kelly could

105/0736-20; E 841

payments suspended and a benefit level, Authority Review assigned to next level, approved. Rate 1 mile (\$6.64) extended, the highest Gross Daily Amount on these payments is \$586.44. Aggregate now (\$6,000.00) extended, the Aggregate amount on these payments is \$1,778.00.

Account	Amount	Date	Particulars
11/04/2013 02:03 PM	11/04/2013 2:57:37A	06/11/2013 04:25:12	45,830.3000 45,830.2998
			45,830.20

Offsets:

Effective Date	End Date	Offset Description	Offset Type	Amount (\$)	Frequency	Lump Sum (\$)
05/11/2012	05/30/2012	Other Employer Income	Deduct From Gross Benefit	2000	Flat	
08/11/2012	06/30/2012	Unemployment Benefit	Deduct From Gross Benefit	1170	Flat	

**Deductions:**

Effective Date	End Date	Deduction Description	Deduction Type	Tax Type	Amount (\$)	Frequency	Finalrow	Page#
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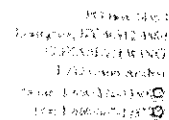
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11/21/14

03/25/2014

Summa Care

Crescent Underpment

[illegible][illegible]

D. V. S. LAFRANCO ET AL.

The following is a summary of the information provided in the above table. The information is presented in a table with 4 columns: "Year", "Number of cases", "Percentage of cases", and "Total number of cases". The data is as follows:

[illegible]

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as  $t \rightarrow \infty$ . It is shown that the solutions of the system (1) are bounded and tend to zero as  $t \rightarrow \infty$  if the matrix  $A$  is stable. The second part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as  $t \rightarrow \infty$  if the matrix  $A$  is not stable. It is shown that the solutions of the system (1) are unbounded and tend to infinity as  $t \rightarrow \infty$  if the matrix  $A$  is not stable.

$$x = \langle x^i \rangle_{i \in \mathbb{N}}$$

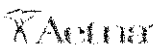
1.  $\mathcal{L}(f, g) = \int_{\mathbb{R}^d} f(x) g(x) dx$   
 2.  $\mathcal{L}(f, g) = \int_{\mathbb{R}^d} f(x) g(x) dx$   
 3.  $\mathcal{L}(f, g) = \int_{\mathbb{R}^d} f(x) g(x) dx$

[illegible]

03/25/2014

VALENTINE 000862

Client Number: 5404256



## Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization. (See Section 6.)

### 1. Member Information (Information About Person For Whom This Authorization Is Requested)

First Name	Last Name	Member ID
First Name	Last Name	Member ID
First Name	Last Name	Member ID

2. This form requests a Member's unconditional authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim.

### 3. The specific PHI we are asking you to authorize Aetna to request is: (This section completed by Aetna.)

Any and all medical information necessary for the purpose of processing my disability claim, including but not limited to, medical records, test results, and other information necessary for the purpose of processing my disability claim.

### 4. If you prefer to authorize the request of only selected categories of information, please indicate below which type of information may be disclosed. (This section completed by Member.)

- ☐ Health (includes medical history, physical exams and diagnostic testing)
- ☐ Behavioral (includes mental health, drug and alcohol abuse treatment)
- ☐ Disability ☐ Life and death ☐ Long Term Care ☐ Financial Information
- ☐ Other (please identify):

### 5. By signing this form, you will authorize Aetna to request PHI described above from the following persons or organizations (or classes of persons or organizations):

Service Providers (including but not limited to physicians, therapists, medical practitioners, health care professionals, hospitals, nursing homes, skilled nursing facilities, hospices, and other health care providers)

### 6. Expiration of this Authorization

This authorization is valid for the period of time and any terms of your disability claim. You indicate a shorter period below:

From (Date)	Through (Date)
-------------	----------------

Please review and complete important information on the reverse of this form.

WVAB  
06-0140-01-10-1-16

Page 1 of 2  
A P 30



03/25/2014

VALENTINE 000863

Claim Number: 5404355

Employee Name	
7. Important: Your signature below means that you understand and agree to the following:	
<ul style="list-style-type: none"> <li>You authorize Actera to request from the person(s) or organization(s) listed above, the PHI described above for the purposes stated above.</li> <li>The information to be obtained may be protected by law. Information obtained under this authorization may be re-disclosed and may be protected by federal privacy regulations.</li> <li>Failure to complete this form may prevent Actera from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not, however, prevent your receipt of medical services from coverage.</li> <li>You may revoke this Authorization at any time by notifying Actera in writing. But please understand, once Actera has been notified your revocation will not be retroactive under this authorization.</li> <li>For this purpose, you agree to sign this form, if you, received this writing from the individual listed below.</li> </ul>	
8. Signature of Member or Legal Representative	
Signature of Member or Legal Representative	Date
If not the Member, describe your relationship to the Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other	
If Member's legal representative is signing this Authorization, you must furnish a copy of the member's power of attorney, or other document, that designates you as the representative.	

**NOTICE TO RECIPIENT(S) OF INFORMATION (Section 2, above):**

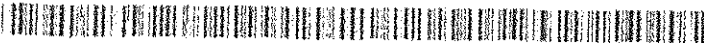
The following information is being requested from you (or the member or other person covered by GINA) for the purpose of obtaining genetic information of an individual or family member of the individual, except as permitted or required by law. To comply with this law, we are asking that you not provide any genetic information when responding to the request for medical information. Genetic information, as defined by GINA, includes information about an individual's family medical history, the health of an individual's family members, genetic testing, the fact that an individual is an individual's family member, or other genetic testing, and genetic information of a fetus carried by an individual or an individual's family member or a deceased person's family, and genetic information of a fetus carried by an individual or an individual's family member to a deceased family member. An individual or family member who provides genetic information to a health care provider is not providing genetic information to a health care provider. Please note that it is appropriate under GINA to provide family medical history when an employee is requesting leave to care for a family member.

Return this completed form to:  
 Attn:  
 Actera Life Insurance Company  
 PO Box 13560  
 Lexington, KY 40502-0560

Telephone Number: 1-800-726-1136  
 Fax Number: 1-800-461-1503

WMA6  
 03/25/2014

Page 2 of 3



03/25/2014

VALENTINE 000864

1.  $\frac{1}{2} \log 2$

For the purpose of this study, the following criteria were used to select the articles: (1) the article must be a primary research article; (2) the article must be published in a peer-reviewed journal; (3) the article must be published in English; (4) the article must be published in the last 10 years (2014-2024); (5) the article must be related to the topic of the study; (6) the article must be available in full text; (7) the article must be relevant to the research objectives; (8) the article must be of high quality; (9) the article must be published in a reputable journal; (10) the article must be published in a journal that is indexed in the Scopus database.

[illegible]

ANALYST: Deborah A. Sweeney, 10000 Wilshire Blvd., Suite 1000, Beverly Hills, CA 90210, 310-206-1000, dsweeney@earthlink.net. The purpose of this report is to provide information on the company's financial performance, its business operations, and its management. The company's financial performance is generally strong, with a solid track record of profitability. The company's business operations are well-managed, and its management team is experienced and capable. The company's financial performance is generally strong, with a solid track record of profitability. The company's business operations are well-managed, and its management team is experienced and capable.

Information concerning an individual's participation in a research project is a form of personal data. It includes information relating to the individual's identity, such as their name, address, date of birth, and other identifying information. This information is collected and processed for the purpose of conducting research and is stored in a secure database. The information is used to identify and contact participants, to monitor their progress, and to analyze the results of the study. The information is not shared with any third parties and is destroyed when the study is completed.

[illegible]

As a result, a person's beliefs, values, attitudes, and expectations are shaped by the social and cultural contexts in which they live. These beliefs, values, attitudes, and expectations are then used to guide their behavior and decision-making. For example, a person who believes that hard work leads to success may be more likely to pursue higher education and a career in a demanding field. Similarly, a person who values family may be more likely to spend time with family members and prioritize family needs over other commitments.

As a result, the information is not available to the public, and therefore, it is not subject to the provisions of the Freedom of Information Act. The information is not available to the public, and therefore, it is not subject to the provisions of the Freedom of Information Act.

[illegible][illegible]

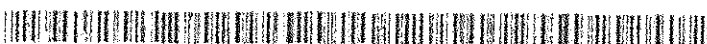
submitted to the National Security Council in 1952 and approved for a top secret classification. It is noted that although the information was not then disseminated, it was available to the members of the NSC staff and to the staff of the Department of Defense and the Joint Chiefs of Staff. The information was disseminated to the members of the NSC staff and to the staff of the Department of Defense and the Joint Chiefs of Staff in 1952.

[illegible]

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[illegible]

Page 303



Page 34 of 34

[EMAIL SUBJECT: VALENTINE, C - Claim ID: 5464356]

Client Name: Hubbard Broadcasting, Inc.  
Employee Name: MS. CAROL VALENTINE  
Employee ID: N/A  
Work State: Minnesota  
Preferred Contact: 907.673.0857  
Claim Number: 5464356  
Date of Issue: 12-04-2012

UFD Plan Name: UFD Claim Status: Terminated

First Day Absent: 12/14/2011  
Last Actual Day Worked: 12/13/2011

Disability Date: 12/14/2011  
Date of Acc./event (if applicable): 12/14/2011  
Benefit Begin Date: 01/14/2012  
Benefit End Date: 12/31/2012  
Approved Through: 06/30/2012  
Total # of Days Authorized: 20  
Max Benefit End Date: 12/31/2012

\*Projected return to work date: Undecided

Status: Terminated  
Reason: Disability Not Supported  
Return to work Information:  
Work Status: Not At Work  
Description:

From Date: 07/01/2012

Claim Owner: ELIZABETH WING  
Phone: 1-855-328-1386  
Fax: 1-866-691-1967

03/25/2014

VALENTINE 000866



3/24/2014 4:56 PM

AETNA -> 18466671987

Page 3 of 3

## WORKABILITY BACK END SCAN HEADER SHEET

*Instructions:*

Complete this sheet with all the required information. Attach this sheet, with a staple, to the documents to be back end scanned and place in the designated bin within your service center's administrative unit. *This sheet is not to be used for Aetna legacy documents to be scanned into the SIR application.*

Claimant's Last Name: Valentine

Claimant's First Name: Carol

Claimant's SSN / Employee ID: 0205000857

Employer / Policy Holder: Hubbard Broadcasting Inc.

Workability Claim Number: 5464356

Document Type: Lawsuit

Submitter's Name: K. Wiers

Date of Submittal: 03/24/2014

*All documents for back end scan into Workability will be bulk mailed bi-weekly to ACS by each service center's administrative support unit. The ACS mailing address for Back End Scan documents is:*

ACS  
Attn: Aetna Group Disability - Workability  
101 Yorkshire Boulevard  
Lexington, KY 40509

DCN: 140324185490 PAGE: 001 SEQUENCE: 5WF0324201404990001

VALENTINE 000867

3/24/2014 4:54 PM

AETNA -> 18666671987

Page 1 of 3



## Fax Message

---

To: WKAB  
Fax: 18666671987  
From: Wiers, Kelly L.  
Date: 2014-03-24 4:54 PM  
Pages: 1 of 3 (including this page)  
Subject:

---

Disclaimer:

This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you received this communication in error, please notify the sender at the phone number above.

**NOTICE TO RECIPIENT(S) OF INFORMATION:**

Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without the express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

XCM: 140324285490 PAGE: 003 SEQUENCE: SWF0324201404990001

VALENTINE 000868

3/25/2014 4:54 PM

ACTNA -> 18866671987

Page 2 of 3

DCN: 140324185490 PAGE: 005 SEQUENCE: SWF0324201404990001

VALENTINE 000869

5/22/2013 1:05 PM

AETNA > 1666671987

Page 1 of 5

**aetna**<sup>SM</sup>

## Fax Message

---

To: wkah  
Fax: 8666671987  
From: Wing, Elizabeth A  
Date: 5/22/2013 1:05 PM  
Pages: 1 of 5 (including this page)  
Subject: Claim # 5464356; req to atty

---

Disclaimer:

This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you received this communication in error, please notify the sender at the phone number above.

**NOTICE TO RECIPIENT(S) OF INFORMATION:**

Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without the express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

DCN: 110522072739 PAGE: 001 SEQUENCE: SWF0522201302462001

VALENTINE 000873

5/22/2013 1:05 PM

AETNA -> 18466871987

Page 2 of 2

Elizabeth Wing  
Aetna Life Insurance Company  
Long Term Disability Benefits Manager  
207-791-7770

OCN: 130572072739 PAGE: 003 SEQUENCE: 5WF0522401302462001

VALENTINE 000874

5/22/2013 3:05 PM

AETNA - 18666871967

Page 3 of 5



Hello Mr. Epstein,

In order for Aetna to properly assess and calculate Carol Valentine's Long Term Disability benefits, we must have the following information:

- 1) A copy of the settlement between Carol and her employer, Hubbard Broadcasting, Inc. We realize you have advised this was a personal matter, and does not pertain to Carol's disability claim; however, we will need to review the settlement for our assessment.
- 2) Wages/documentation of Carol's unemployment benefits

Upon receipt of this information, we will continue to process Carol's disability claim.

If you have any questions, please feel free to call me.

Sincerely,

Elizabeth Wing

Aetna Life Insurance Company

PH #207-791-7770

Fax #866-667-1987

5/22/2013 2:06 PM

AETNA -> 16466671967

Page 4 of 5

CCN: 130521072739 PAGE: 007 SEQUENCE: 5WFD32201302462001

VALENTINE 000876

4/22/2013 1:05 PM

AETNA -> 16066671067

Page 5 of 5



---

## Facsimile Cover Sheet

To: Mr. Ronald Epstein  
Company: Grey and Grey  
Phone: 516-249-1342  
Fax:

From: Elizabeth Wing  
Company: Aetna Life Insurance Company  
Phone: 207-791-7770  
Fax: 866-667-1987

Date: 4/30/2013  
Total pages: 2

Comments: Re: Carol Valentine

This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender at the phone number above.



FROM:

04/26/2013 16:38

#637 P.001/001

GREY & GREY, L.L.P.  
ATTORNEYS AT LAW  
560 MAIN STREET  
FARMINGDALE, NEW YORK 11735  
Tel. (516) 249-1342

DAVID P. GREY - RUL.  
RONALD L. GREY  
BRIAN P. O'KEEFE  
KYLE M. PLANTE  
DANIEL A. DUTTON  
ALESSA P. GARDOS  
SILVERMAN B. KAPNER  
FRANK J. CULHANE  
.....  
FELICE M. FERTI  
RONALD L. EPSTEIN  
PETER P. FIO  
STEVEN D. BIDDANS  
KATHA SHATECK  
WILLIAM C. MAGLIAN, JR.  
CHRISTIAN M. COLLINS  
SAMANTHA H. SCAYRON  
DANIEL CARLSTEIN  
\* Counsel \*

OFFICES AT:  
317 BROADWAY - SUITE 400  
NEW YORK, NY 10007  
(212) 264-1342

.....  
118-21 QUEENS BLVD.  
SUITE 618  
FOREST HILLS, NY 11375  
(718) 268-5300

.....  
SUFFOLK: PORT JEFFERSON  
Tel. (631) 249-1342

.....  
N.Y.S. Lic. Work Comp. Rep.  
DELIA M. MASON

April 26, 2013

Re: Claimant: Carol Valentine  
Disability Claim Case No. 5464356  
Employer: Hubbard Broadcasting, Inc.

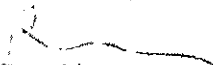
VIA FACSIMILE (866-667-1987)

Elizabeth Wing  
LTD Claims Analyst  
Aetna Life Insurance Company  
P.O. Box 14560  
Lexington KY 40512-4560

This will follow up on our recent conversation. I had requested that you request in writing which documents you are requesting for the completion of your calculation of the benefit due pursuant to your prior determination. I have not received a response as of today's date.

You may email your letter to "Repstein@greyandgrey.com"

Very truly yours,

  
Ronald L. Epstein

Apr-05-2013 06:06 PM Astra 954-452-4034

1/3

WORKABILITY CENTRALIZED DOCUMENTS

Account Name: Hubbard Broadcasting, Inc.

Date: 4/5/13

Claimant's Name: Carol Valentine

SSN: XXX-XX-0857

Claim #: 5464356

\*\*\*\*\*

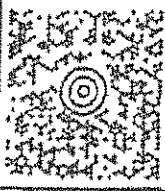
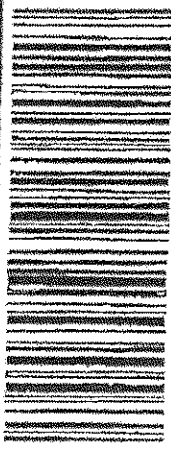
Index the document as Correspondence Appeals &  
assign it to: Ana Molina

In the Image Note please add the following document description:

- a. \_\_\_\_Appeal Request Letter
- b. \_\_\_\_Appeal File
- c. \_\_\_\_Letter or correspondence
- d. X Request for plan doc and claim file w/UPS label
- e. \_\_\_\_Miscellaneous

VALENTINE 000881

https://www.campusship.upd.com/ship/create?ActionOnPrint=detail Print Window... 04/05/2013  
 DCM: 130405186973 PAGE: 005 SEQUENCE: 5AF0408201300009001

DEVENY SHANT 50405186973 3600 SW BOOTH LANE PLANTATION FL 33324	3 LBS DWT 15.11.3 1 OF 1
SHIP TO: ATTORNEYS AT LAW (516) 249-1342 GREY & GREY, LLP 360 MAIN STREET ATTENTION: RONALD L. EPSTEIN BARMINGDALE NY 11735-3507	
 NY 118 9-01	
UPS 2ND DAY AIR TRACKING #: 1Z 2XA 569 02 9781 6787 2	
	
BILLING: P/R Reference # 1: 11637 05/11/14 10:00:00 AM EDT	

FOLD HERE

- UPS CampusShip: View/Print Label
- Ensure there are no other shipping labels attached to your package. Select the Print button on the print dialog box first appears. Note: If your browser does not support the function select Print from the File menu to print the label.
  - Fold the printed sheet containing the label at the line so that the entire shipping label is visible. Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or corners on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
  - GETTING YOUR SHIPMENT TO UPS  
 UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.  
 Schedule a same day or future day pickup to have a UPS driver pickup all your CampusShip packages.  
 Hand the package to any UPS driver in your area.  
 Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Advance Office (Depot or ShipStation) or Authorized Shipping Center nearby. Items sent via UPS Return Service (SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.  
 Customers with a Daily Pickup  
 Your driver will pickup your shipment(s) as usual.

UPS CampusShip: Shipment Label

Page 1 of 1

3/3

407-05-2013 06:08 PM 407-052-4034

VALENTINE 000882

PCN: 130403083096 PAGE: 001 SEQUENCE: SAF0402201300077001

**WORKABILITY CENTRALIZED DOCUMENTS**

Account Name: Hubbard Broadcasting, Inc.

Batched By:

Date:

Claimant's Name: Carol Valentine

SSN:

Claim #:

5464356

\*\*\*\*\*

Index the document as Correspondence Appeals &  
assign it to: Ana Molina

*In the Image Note please add the following document description:*

a. ☐ Appeal Request Letter

b. ☐ New information for peer review addendum

c. ☐ Copy of claim file for peer review

d. ☒ Appeal file

e. ☐ Tolling letter or correspondence to claimant

f. ☐ Request for plan doc or claim file

g. ☐ Miscellaneous

h. ☐ Plan/Policy copy

VALENTINE 000883

DCM: 13043081096 Page: 001 SEQUENCE: 546402201300077601

Short term and Long term disability insurance policies and disability benefit plans are offered, administered or underwritten by Aetna Life Insurance Company (Aetna).

\* disease; or

because of:  
After the first 24 months that any Monthly Benefit is payable during a period of disability, you will be deemed to be disabled on any day if you are not able to work at any reasonable occupation solely because of:  
\* your work earnings are 80% or less of your adjusted pre-disability earnings.

\* you are not able to perform the material duties of your own occupation solely because of: disease or injury; and  
From the date that you first become disabled and until Monthly Benefits are payable for 24 months, you will be deemed to be disabled on any day if:

**Test of Disability**  
This Plan will pay a Monthly Benefit for a period of disability caused by a disease or injury. There is an elimination period. (This is the length of time during a period of disability that must pass before benefits start.)

According to the Hubbard Broadcasting, Inc. LTD group policy:  
This confirms our receipt of your letter, dated March 25, 2013, in which you submitted additional records in support of Ms. Valentine's appeal for the termination of the LTD benefits.

The Hubbard Broadcasting, Inc. Long Term Disability (LTD) group policy is underwritten by Aetna Life Insurance Company (Aetna).

Dear Mr. Epstein:

Employee: Hubbard Broadcasting, Inc.  
Employee: Carol Valentine  
Disability Claim Case No: 5464356

Grey & Grey, L.L.P.  
Attorneys at Law  
Attention: Ronald L. Epstein, Esq.  
360 Main Street  
Farmingdale, NY 11735

04/02/2013

\*\* MAINTAIN A COPY OF THIS LETTER FOR YOUR RECORDS \*\*

PO Box 14578  
Lexington, KY 40512-4578  
Ane Molina  
Senior Appeal Specialist  
Complaints, Grievances and Appeals  
Phone: 1-866-326-1380  
Fax: 1-855-753-1262

aetna

VALENTINE 000884

ECM: 13042031096 Page: 005 SEQUENCE: SAT0402701300077001

If your own occupation requires a professional or occupational license or certification of any kind, you will not be deemed to be disabled solely because of the loss of that license or certification."

The policy also states:

"When Benefits are Payable  
Monthly benefits will be payable if a period of disability:  
• starts while you are covered, and  
• continues during and past the elimination period.  
These benefits are payable after the elimination period ends for as long as the period of disability continues."

Our records show the first date Ms. Valentine was absent from work was December 14, 2011. Her LTD effective date was June 11, 2012. However, due to a lack of medical findings to support her inability to perform the material duties of her own occupation, her LTD benefits were terminated, effective June 11, 2012.

In our letter, dated March 1, 2013, we informed you that we completed our review of your appeal request on behalf of Ms. Valentine's LTD benefits. The original decision to terminate Ms. Valentine's request for benefits, effective June 11, 2012 was partially overturned from June 11, 2012 through June 30, 2012. However, due to a lack of medical findings to support Ms. Valentine's inability to perform the material duties of her own occupation from July 1, 2012, the LTD benefits remained terminated, effective July 1, 2013. Ms. Valentine's employer was notified of this decision.

In our correspondence, dated March 1, 2013, we also communicated that you that if you disagreed with our determination, you or your client had the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) of 1974. You or your client has now exhausted the appeal procedures under the group policy; therefore, our decision is not subject to further administrative review. We also advised that you may write and ask us for copies of relevant claim documents free of charge.

In your letter, dated March 25, 2013, you advised that if we were not inclined to reopen the appeal claim, to accept your letter as a request for the entire claim file and all documentation, including electronic documents, and copy of the policy. Please note we are working on your request and a copy of the entire file and all documentation will be sent to you separately.

If you have questions regarding your client's claim or this decision, please do not hesitate to contact our office at 1-866-326-1380.

Sincerely,

Ana Molina  
Senior Appeal Specialist  
Acima Life Insurance Company

2013-02-20 13:06 PM Acima 954-452-4034

25007100

1885-1886

Should you have any questions regarding your claim, please call 1 800 326 0380 and an Active Customer Service Representative will be happy to assist you.

Enclosed please find an authorization to request received health information form. Please return the completed form in the enclosed, self-addressed envelope. We would appreciate receipt of the completed form by 4/15/2013.

The Federal Trade Commission (FTC) is modernizing its Actual Interest Inventory (AII). At this time, an updated submission to Request for Comments, Health Information Form is needed from you in order to continue authorization of your IIS benefits.

DEAR MR. CAROL VALENTINE:

Group Control No.	Employee	Employee	Employer's Inc.	Group Control No.
047262	Harbord Roadside, Inc.	Mrs. Carol Vallerone		546356

CAROL ANN HARRIS  
 645 RICHIE  
 EAST HAMPTON NY 11937

1107912

**est**

P.O. Box 14560  
 Washington, D.C. 20512-4560  
 ELIZABETH WINE  
 1775 Chain Bridge  
 Phone 1-800-326-1380  
 Fax 1-800-667-1987

7000: A0C0D04E00001:0A,01:1:0:303F

2011-12  
2012-13  
2013-14  
2014-15  
2015-16  
2016-17  
2017-18  
2018-19  
2019-20  
2020-21

VALENTINE 000888

Doc: 130325122664 PAGE: 001 SEQUENCE: 54F0325201300041091

We are in receipt of your letter dated March 1, 2013 approving the claimant's claim for LTD for the period June 13, 2012 through June 31, 2012 and denying it thereafter. In the interest of fairness, we request that you reopen the case and take a further look at the medical evidence as it is unclear that your medical review considered all of the medical evidence that was previously submitted. You indicate that the claimant's medical evidence substantiated disability for the elimination period and one month thereafter. This does not appear to make complete sense as the medical evidence submitted at the time of our appeal in December 2, 2012 included the extensive November 29, 2012 narrative of Dr. Stiros along with his office notes through September 19, 2012, none of which noted substantial improvement. During the course of consideration of the appeal, you at no time advised us that you were seeking further medical records or that reviewing doctor was having difficulty reaching Dr. Stiros. Due to the extent of Dr. Stiros' teaching and administrative duties, he has quite a limited schedule for his private practice and is generally only reachable on

Dear Ms. Molina,

Aetna Anna Molina, APPEALS UNIT  
Hubbard Broadcasting Inc. Appeals  
P.O. Box 14575  
Lexington KY 40512-4578

VIA FACSIMILE (855)-733-1262

Claimant: Carol Valentine  
Disability Claim Case No. S464356  
Employer: Hubbard Broadcasting, Inc.

March 25, 2013

OFFICES AT  
277 DRAGON AV - SUITE 400  
NEW YORK, NY 10007  
(212) 664-1742  
119-21 QUEENS BLVD.  
SUITE 615  
FOREST HILLS, NY 11375  
(718) 268-5700  
SHELOM PORT JEFFERSON  
Tel: (631) 249-1342  
N.Y.S. Lic. Corp. Reg.  
DELLA M. MASON

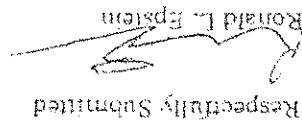
GREY & GREY, L.L.P.  
ATTORNEYS AT LAW  
300 MAIN STREET  
FARMINGDALE, NEW YORK 11735  
Tel: (516) 240-1342

RAYMOND GREY - 407  
GOURT & GREY  
SHAWN P. GREY  
KEVIN M. FLAHERTY  
DANIEL A. DUTTON  
STESSA P. CARLOS  
SHERMAN E. KERNER  
FRANK J. GUERARD  
JILLROY M. LEHT  
RONALD L. EISENBERG  
FLORIAN D. BORDAS  
ALEXANDER BORDAS  
ANISHA SHAFER  
WILLIAM C. MATHIAS  
SARAH M. COLLINS  
KARIN LORRAINE AVROU  
TAMARA PERAZZOTTO



VALENTINE 000887

Doc#: 130126122684 Page: 003 Sequence: 5460325201000+1001

Respectfully Submitted  
  
Ronald L. Epstein

Wednesdays. We would be glad to work with you to arrange for a telephone conference between Dr. Sirotek and your reviewing Doctor if you would consider reopening your appeal. In connection with this request for reopening I am including some updated progress notes of Dr. Sirotek. I am also requesting your reviewing Doctor's report and the opportunity to obtain the comment of Dr. Sirotek regarding this review. If you are not inclined to reopen the appeal as set forth above, please accept this as a request for the entire claim file and all documentation, including electronic documents, and the policy, as are required to be produced upon request as set forth in the ERISA statute. If you have any questions, or wish to discuss this matter, please do not hesitate to contact the undersigned at your earliest convenience.

March 25, 2013  
Page 2

Claimant: Carol Valentine  
Disability Claim Case No. 5464356

03/25/2013 10:26 #158 P.002/005

From:

VALENTINE 000888

DCN: 130325122683 PAGE: 003 SEQUENCE: 04F0325201300041001

Oral Maxillofacial Pathology-Radiology & New York University College of Dentistry  
Neurology & New York University School of Medicine  
Dental, American Board of Oral Medicine

TOTAL # PAGES INCLUDING COVER: \_\_\_\_\_

516-586-6165

DATE: 2-13-13  
SUBJECT: CAROL VALENTINE  
FROM: DR. DAVID SIROIS  
TO: MARY

DAVID A. SIROIS, D.M.D., PH.D.  
ORAL MEDICINE  
131 East 38<sup>th</sup> Street, New York, New York 10016  
Tel: (212) 371-2100 FAX: (212) 371-7953  
www.drsiroisny.com

FAX TRANSMISSION

[illegible][illegible]

## PATIENT NAME:

7-27-70 2-5

VALENTINE 000890

OCN: J30325122684 PAGE: 009 SEQUENCE: 5AF0325201300041001

2/13/13  
RUTH - MSC - ORE - FARE CH  
LISENTH AVENUE WASHINGTON  
@AC. 4 374 m - SCALING  
STX IN RETRACTION. PROPERLY  
RV - 6 MARC  
UP line + 1- P. 1000. but also 2x -  
tentative find more toward 50th.  
Agree to the Rosewood - novel  
T 3 440 18

2/9/13  
Right of Bridge - find "water" bridge  
to sit on line. but not - David

CAROL VALENTINE

VALENTINE 000891

03-22-14 - - - - - CLAIM STATUS - - - - - COPYID / 4.020  
CLAIM # : XXXXXXXX STATUS : CLOSED NAME : VALENTINE  
MEMBER ID : DATE OF LOSS: 11-16-11 D.O.B./AGE : ~~XXXXXX~~ / 51  
DIAGNOSIS :  
COVERAGE : TERM BASIC TERM EMPLOYEES  
BENEFIT : 1.00 PERM DIS : NO  
EFFECTIVE : 11-01-11 PAID THRU :  
COMPANY : ME STATE : NY  
TOTAL PAID: 1.00 ENDING BAL: 1.00  
COMMENT : WYAB \*\*\*ALTY REPRESENTATION\*\*\*  
1 BEN 04-14-13 CLOSE-EXAM REQUEST  
2 BEN 04-17-13 WISC DM CORR ACS  
3 BEN 06-17-13 REOPEN-NEW INCURRED  
4 BEN 03-11-13 CLOSE-EXAM REQUEST  
5 BEN 03-04-13 WISC DM CORR ACS  
6 ACTION POL/DEBT XXXXXX0891  
1 OF 2 RELATED CLAIM :  
BROWER: F  
PFI - CLAIM STATUS PFS - PAYMENT  
PFS - STATUS ACTION PFS - FOLLOWUPS  
PFS - MORE POL/DEBT PFI0 - MAINTENANCE  
PFI1 - EXAMINER WYAB PFI2 - HELP  
PFI3 - COMMENTS \*\*  
PFI4 - POLICY FORKS  
PFI5 - PAY ACTION  
PFI6 - EXAMINER WYAB PFI7 - HELP  
EX COV ST : 1  
POL FORM : NY  
CSR : 473262 10 000  
RESERVE :  
1.00  
1.00  
FOR BEN AMT: 1.00

03-25-14 - - - - - CLAIM STATUS - - - - - J03P10 /4.020

CLAIM # : XXXXXXXX STATUS : CLOSED NAME : VALENTINE CARON

MEMBER ID : ~~XXXXXXXXXX~~ / 51

DIAGNOSIS :

COVERAGE : TERM BASIC TERM EMPLOYEES

BENEFIT : .00 TERM DIS : NO

EFFECTIVE : 11-01-11 PAID THRU :

COMPANY : AE STATE : NM

TOTAL PAID : .00 ENDING PMT :

COMMENT : WWRB \*\*ALLY REPRESENTATION\*\*

EX COV ST : 1 FOL FORM : NY

CSA : 473282 10 000

RESERVE : .00

TOT BEN PMT : .00

12-03-12 NOT TOTALLY DISABLED

NEW TAT 03-04-2012

OLD TAT DATE 03-31-2012

1 OF 2 RELATED CLAIM :

PROMOT : A

P01 - CLAIM STATUS P02 = PAYMENT

P03 = STATUS ACTION P04 = FOLLOWUPS

P05 = EXAMINANCE MENU P06 = HELP

P07 = PAY ACTION

P08 = COMMENTS \*\*

P09 - POLICY FORMS

VALENTINE 000893

03-25-14 - - COMMENTS - - XCP345 /4.004  
 CLAIM NO : XXXXX0857  
 CLAIMANT : VALENTINE  
 DATE ADD UPDT WHO  
 DATE ADD UPDT WHO  
 COMMENT

---

04-18-13 BRK 04-18-13 BEN WRAB- APPEAL PARTIALLY OVERTURNED 6/11/12-6/30/12  
 FOR DECISION DOES NOT CHANGE  
 04-17-13 WRB 04-17-13 WRB CONTROL NUMBER RECEIVED IS 0473282  
 04-17-13 WRB 04-17-13 WRB SUPPLY NUMBER RECEIVED IS 014  
 04-17-13 WRB 04-17-13 WRB ACCOUNT NUMBER RECEIVED IS 00000  
 P-2 = ADD  
 P-3 = CHANGE  
 P-6 = NEXT PAGE  
 P-7 = RETURN  
 P-10 = DINC HIST  
 P-12 = HELP

[illegible]



VALENTINE 000895

03-25-14  
CLAIM NO : XXXXX0857  
CLAIMANT : VATEMINE / CAROT  
VDO LIND  
VDO LIND  
03-11-13 PER 03-11-13 PER KWAB- LTD OVERNARD 3/1/2013 - APPLT  
WOP PRECISION DOES NOT CHARGE-BE DID NOT APPLT  
03-08-13 KMR 01-08-13 KMR CONTROL NUMBER RECEIVED IS 043282  
63-08-13 KMR 03-08-13 KMR SUFFIX NUMBER RECEIVED IS 014  
03-08-13 KMR 03-08-13 KMR ACCOUNT NUMBER RECEIVED IS 00000  
03-08-13 KMR 03-08-13 KMR DISABILITY DATE IS 2011-12-14  
JES - VDO  
JES - NEXT PAGE  
JES - NEXT PAGE  
JES - CHANGE  
JES - RETURN  
JES - HELP

SIN750400

400 3 / 585dXX

UNCLASSIFIED  
//  
XXXXXX

03-08-10 0956 03-08-10 0956 03-08-10 0956

24-70-2102

207-386-260

83137 TVINER

440-686-860

DATE: 2/24/

LSIN INTC = 014d

72043 = 1140

2004 03 14 - 9:04

Ed. Attyd - Ltd

GGP - 73d

REF ID: A66666

EO-21-2103

010-686-806 SOV 21-20-01 SOV 21-20-01

040-686-860

VALENTINE 000897

AETNA RECEIVED DATE <Date>		UPS TRACKING NUMBER <UPS Tracking #>	
PREMIUM WAIVER EXISTING (PE) <input type="checkbox"/> 048		LIFE EXISTING (LE) <input checked="" type="checkbox"/> 048	
PREMIUM WAIVER & LIFE EXISTING			
PREMIUM WAIVER NEW (PN) <input type="checkbox"/> 046		LIFE NEW (LN) <input type="checkbox"/> 041 Proof of Death <input type="checkbox"/> 042 Accelerated Death Benefit <input type="checkbox"/> 043 Accidental Dismemberment/Personal Loss <input type="checkbox"/> 044 AD&D Coma Benefit	
PREMIUM WAIVER & LIFE NEW			

☐ Priority Job  
☐ Pre-Index  
☐ Batch Request  
☒ Individual Deceased/Claimant's SSN 020-50-0857  
 Requested Date 03/25/14  
 GHD

AETNA LIFE CLAIM &  
 PREMIUM WAIVER  
 BATCH SCAN HEADER FOR BACKEND IMAGING

VALENTINE 000898

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**NOTICE TO RECIPIENT(S) OF INFORMATION:**  
Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without the express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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**To:** ACS  
**From:** Drake, Gail H  
**Date:** 3/25/2014 8:48 AM  
**Pages:** 1 of 8 (including this page)  
**Subject:**

---

**Fax Message**

**aetna**

VALENTINE 000899

Gail Droke  
Consultant  
Aetna Life Insurance Company  
151 Farmington Ave, RT32  
Hartford CT 06156-3007  
Phone 860-808-3235  
Fax 860-754-1391  
Email DRAKEGH@Aetna.com  
Click on the link below to learn more about Aetna Life Essentials  
[http://www.aetna.com/group/aetna\\_life\\_essentials/life/services.htm](http://www.aetna.com/group/aetna_life_essentials/life/services.htm)

(Page 3 of 3)  
3/25/2014 8:48 AM

AETNA - 100236239

Page 2 of 3

VALENTINE 000900

(VALENTINE)

subsidaries and predecessor corporations (hereinafter referred to as "Hubbard")  
 Policy administered by defendant Aetna Life Insurance Company and/or its  
 3. As a Hubbard employee she was the beneficiary of a Long Term Disability

subsidaries and predecessor corporations (hereinafter collectively referred to as  
 East Hampton, NY, was employed by Hubbard Broadcasting and/or its  
 2. That prior to December 20, 2011, the plaintiff, who resides at

FACTS

1. That this action arises under the Employee Retirement Income Security  
 Act of 1974, U.S.C., Title 29 § 1320a (hereinafter "ERISA").

Statement of Jurisdiction

BROWN, M.T.

GREY & GREY, L.L.P., respectfully alleges and shows this Court,

Plaintiff Carol Valentine, complaining of the defendant, by her attorney,

VALENTINE, J.

Defendants: \_\_\_\_\_  
 X

Aetna Life Insurance Company

-against-

Plaintiff:

Carol Valentine

UNITED STATES DISTRICT COURT  
 EASTERN DISTRICT OF NEW YORK  
 X

FILED  
 U.S. DISTRICT COURT  
 COMPLAINT MAR 18 2014  
 CIVIL ACTION  
 Docket # LONG ISLAND OFFICE

CV 14 1752

$$\left\{ \frac{1}{2}, \frac{1}{3}, \frac{1}{4}, \frac{1}{5}, \frac{1}{6}, \frac{1}{7}, \frac{1}{8}, \frac{1}{9}, \frac{1}{10}, \frac{1}{11}, \frac{1}{12}, \frac{1}{13}, \frac{1}{14}, \frac{1}{15}, \frac{1}{16}, \frac{1}{17}, \frac{1}{18}, \frac{1}{19}, \frac{1}{20}, \frac{1}{21}, \frac{1}{22}, \frac{1}{23}, \frac{1}{24}, \frac{1}{25}, \frac{1}{26}, \frac{1}{27}, \frac{1}{28}, \frac{1}{29}, \frac{1}{30}, \frac{1}{31}, \frac{1}{32}, \frac{1}{33}, \frac{1}{34}, \frac{1}{35}, \frac{1}{36}, \frac{1}{37}, \frac{1}{38}, \frac{1}{39}, \frac{1}{40}, \frac{1}{41}, \frac{1}{42}, \frac{1}{43}, \frac{1}{44}, \frac{1}{45}, \frac{1}{46}, \frac{1}{47}, \frac{1}{48}, \frac{1}{49}, \frac{1}{50}, \frac{1}{51}, \frac{1}{52}, \frac{1}{53}, \frac{1}{54}, \frac{1}{55}, \frac{1}{56}, \frac{1}{57}, \frac{1}{58}, \frac{1}{59}, \frac{1}{60}, \frac{1}{61}, \frac{1}{62}, \frac{1}{63}, \frac{1}{64}, \frac{1}{65}, \frac{1}{66}, \frac{1}{67}, \frac{1}{68}, \frac{1}{69}, \frac{1}{70}, \frac{1}{71}, \frac{1}{72}, \frac{1}{73}, \frac{1}{74}, \frac{1}{75}, \frac{1}{76}, \frac{1}{77}, \frac{1}{78}, \frac{1}{79}, \frac{1}{80}, \frac{1}{81}, \frac{1}{82}, \frac{1}{83}, \frac{1}{84}, \frac{1}{85}, \frac{1}{86}, \frac{1}{87}, \frac{1}{88}, \frac{1}{89}, \frac{1}{90}, \frac{1}{91}, \frac{1}{92}, \frac{1}{93}, \frac{1}{94}, \frac{1}{95}, \frac{1}{96}, \frac{1}{97}, \frac{1}{98}, \frac{1}{99}, \frac{1}{100} \right\}$$

VALENTINE 000902

- 19 That upon information and belief, the Plaintiff has exhausted all the  
 administratively unappealable under "THE PLAN".
- disability benefits subsequent to July, 2013. Defendant has become  
 Therefore, denial of the Plaintiff's claim for continuing long-term  
 was final and that no further administrative appeals were available.
18. The Defendant has indicated to the Plaintiff that the decision on appeal  
 declined to reconsider the claim.
17. Therefore, the Defendant provided his letter of April 5, 2013 which  
 claim.
- in the file and additionally providing further evidence in support of the  
 portion of the decision as it was not consistent with the medical previously  
 March 25, 2013 which requested a reconsideration of the unfavorable
16. Subsequent to the March 1, 2013 letter, the Plaintiff provided his letter of  
 affirmation period provided by the plan
- due. This provided the claimant one month of benefits beyond the  
 and that there was insufficient medical evidence of a disability beyond that  
 disability benefits finding that she was disabled only through July, 2012  
 the initial decision to deny Plaintiff's claim for continuing long-term  
 15. That on or about March 1, 2013, Action partially reversed  
 additional medical, vocational and testimonial evidence for review,  
 of her claim for continuing long-term disability benefits and submitted
14. That the Plaintiff provided a timely appeal of Defendant's denial



VALENTINE 000903

1. Payment of all benefits due under the terms of the long-term disability benefits policy issued by Defendant.
  2. Payment of continuing benefits under the terms of the policy.
- follows:

WHEREFORE, the Plaintiff requests judgment against the defendant as

administrator

for which he was eligible. Defendant breached its fiduciary duty as the plan's

24. That by wrongfully denying the plaintiff the long-term disability benefits

administer its long term disability benefits pursuant THE PLAN

23. That Defendant had a duty to fairly, properly, equitably and justly

THE PLAN under claim 5-65356 in violation of the provisions of ERISA.

however, denied the plaintiff the employee welfare benefits due to her pursuant to

22. That the Defendant have wrongfully, and in an arbitrary and capricious

force and effect as though each was fully set forth at length below.

contained in the paragraphs numbered "1" through "20" herein with the same

21. That the Plaintiff repeats and re-alleges each and every allegation.

Action Under ERISA

First Cause of Action

THE PLAN.

20. That the plaintiff has been and remains disabled within the meaning of

Administrative remedies established by Defendant.

VALENTINE 000904

Ronald L. Epstein  
 Attorney for the Plaintiff  
 GREY & GREY, L.L.P.  
 360 Main Street  
 Farmingdale, NY 11735  
 (516) 240-1342

Dated: March 17, 2014  
 Farmingdale, NY

3. A declaration that all rights and benefits due to the plaintiff are vested and non-forfeitable or, in the alternative, a monetary judgment in the amount of all sums due and owing.
4. Prejudgment interest from the time the plaintiff's benefits were denied.
5. Attorney's' fees, court costs and all other reasonable costs incurred.
6. Such other and further relief as the Court may deem just and proper.

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PLAINTIFF'S  
EXHIBIT

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

CAROL VALENTINE,

Plaintiff,

Civil Action No.:  
14-CV-1752 (JFB)(GRB)

-against-

AETNA LIFE INSURANCE COMPANY,

Defendant.

DEFENDANT'S RESPONSES TO  
PLAINTIFF'S REQUEST FOR  
DOCUMENTS

-----X

Defendant Aetna Life Insurance Company ("Aetna"), by and through its attorneys, Sedgwick LLP, responds to Plaintiff's Request For Documents (the "Requests") to Aetna as follows:

### GENERAL OBJECTIONS

Each of the Plaintiff's Requests for Production, including the definitions and instructions relative thereto, are responded to subject to the General Objections as set forth below. These objections form a part of Aetna's responses to Plaintiff's Requests, although they may not be specifically referred to in each and every response to each request for production. These General Objections are incorporated by reference into the following specific objections and responses. Any objection or response by Aetna is made without waiver of, and subject to, these General Objections.

1. Aetna's responses to the Requests are based upon documents and information presently available. By producing or referring Plaintiff to documents in response to the Requests, Aetna does not concede the admissibility of any document produced or that the document is original, true, accurate, complete or authentic.

2. By producing documents responsive to the Requests, Aetna does not concede that any documents produced in response to the Requests should be included in the administrative record, previously produced Bates stamped as VALENTINE 000001 - VALENTINE 000837. Aetna specifically

objects to the addition of any and all of the documents being produced herewith, Bates stamped as VALENTINE 000838 – VALENTINE 000904, to the administrative record.

3. Aetna objects to all Requests to the extent that they purport to require disclosure of (i) legal theories, legal opinions, mental impressions or other information of Aetna's counsel, (ii) any information protected by any privilege, including without limitation the attorney-client privilege, the joint defense privilege, the privilege accorded to settlement negotiations, the first amendment privilege, the trade secret or proprietary information privilege, or (iii) any other available or valid grounds for withholding information or documents from production, including without limitation the attorney work product doctrine.

4. Aetna states that it will not produce any confidential information or documents responsive to these document requests until a confidentiality and protective order is issued by the Court preventing proprietary, confidential, business-sensitive documents and/or information protected by state and federal laws from disclosure or use outside of this litigation, including but not limited to information protected by common law privacy protections, the Health Insurance Portability and Accountability Act of 1996, the Gramm-Leach-Bliley Act of 1999 and CONN. GEN. STAT. §31-128f. Once an appropriate confidentiality/protective order is issued by the Court, Aetna will produce responsive documents on a rolling basis in an appropriate electronic format to be agreed upon by the parties.

5. Aetna objects to Plaintiff's definitions, instructions and requests for documents to the extent they attempt to alter, expand or otherwise modify the requirements or obligations imposed by the Federal Rules of Civil Procedure and the Local Rules of the United States District Court for the Southern and Eastern Districts of New York (the "Local Rules").

6. Aetna objects to all Requests to the extent they seek the production of documents and things that are not in the possession, custody or control of Aetna, and are, therefore, beyond the scope of discovery allowed pursuant to Federal Rules of Civil Procedure 26, 33 and 34.

7. Aetna objects to all Requests to the extent that they seek litigation or trial strategy materials.

8. Aetna objects to Plaintiff's Requests generally on the grounds that they are overly broad, unduly burdensome and seek production of documents that are not relevant to the issues before the Court and are not reasonably calculated to lead to the discovery of admissible evidence.

9. Aetna objects to all Requests to the extent they seek documents or materials already within Plaintiff's possession or control or is more easily available to it, on the grounds that such requests are unduly burdensome and oppressive.

10. Aetna objects to all Requests to the extent they request documents or materials that are not relevant to the issues before the Court and are not reasonably calculated to lead to the discovery of admissible evidence.

11. Aetna objects to all Requests to the extent that they are vague, ambiguous, repetitive, unintelligible, and/or convoluted so as to render it impossible to respond in any reasonable manner.

12. Aetna objects to all Requests to the extent that they seek documents that were not generated, created, or prepared by Aetna.

13. Discovery is on-going and Aetna expressly reserves the right to amend or supplement its response to Plaintiff's Requests.

## SPECIFIC RESPONSES AND OBJECTIONS TO REQUESTS FOR PRODUCTION

### Request for Production No. 1:

All documents alleged to be missing from the Administrative Record as follows:

A. All documentation including correspondence, emails, soap notes handwritten notes and all other documents of any kind relating to Aetna's April 2, 2013 decision not to reopen the claim in connection with the plaintiff's March 25, 2013 request to do so.

B. All documentation relating to the claim in any form for the period between March 1, 2013 and the company's payment of the partial proceeds in November, 2013, including emails, soap notes and all written and electronic documents.

C. All other documentation of any type, not previously provided, which names Carol Valentine.

Response To Request for Production No. 1:

Aetna objects to this Request to the extent that it: (a) is overly broad and unduly burdensome; (b) seeks information not properly discoverable given the needs and issues of this ERISA case under Fed. R. Civ. P. 26(b); (c) seeks information that is not relevant and not likely to lead to discovery of admissible evidence; (d) seeks confidential, proprietary and business-sensitive information; and (e) seeks information or documents protected by the attorney-client privilege or work product doctrine. Subject to and without waiving the foregoing objections, Aetna refers Plaintiff to the documents being produced herewith, Bates stamped as VALNTINE 000838 – VALNTINE 000904. Although Aetna is producing documents responsive to this Request, Aetna specifically objects to the characterization of these documents as “missing from the Administrative Record” and maintains that the Administrative Record in this matter is properly limited to the documents previously produced with Aetna’s Initial Disclosures, Bates stamped as VALNTINE 000001-000837.

Request for Production No. 2:

Documentation in addition to the alleged administrative record as follows:

- A. Documentation showing the Gross annual Premiums received by Aetna from Hubbard Broadcasting for 2013 and 2012.
- B. Documentation showing the gross payments made in 2012 and 2013 by Aetna to the following individuals and the entities that retained such individuals to prepare a report for Aetna (ie the IMB companies retained by Aetna to prepare the reports of the Doctors)

1) Steven Crate and “CRC”

2) Chun Rin MD

3) Stuart Rubin MD

- C. Any documents, including policy manuals, memorandum, “scope” instructions memorializing Aetna’s policy for reopening appeals upon the request of the claimant or the receipt of additional evidence.

- D. All documentation of communications of any date between Hubbard and Aetna with regard to the administration of Hubbard’s Long Term Disability Program.

Response To Request for Production No. 2, Subpart A:

Aetna objects to this Request on grounds that it: (a) seeks information not properly discoverable given the needs and issues of this ERISA case under Fed. R. Civ. P. 26(b); (b) seeks information that is not relevant and not likely to lead to discovery of admissible evidence; and (c) seeks confidential, proprietary and business-sensitive information.

Response To Request for Production No. 3, Subpart B:

Aetna objects to this Request to the extent that it: (a) vague and ambiguous; (b) is overly broad and unduly burdensome; (c) seeks information not properly discoverable given the needs and issues of this ERISA case under Fed. R. Civ. P. 26(b); (d) seeks information that is not relevant and not likely to lead to discovery of admissible evidence; and (e) seeks confidential, proprietary and business-sensitive information.

Response To Request for Production No. 4, Subpart C:

Aetna objects to this Request to the extent that it: (a) is overly broad and unduly burdensome; (b) seeks information not properly discoverable given the needs and issues of this ERISA case under Fed. R. Civ. P. 26(b); (c) seeks information that is not relevant and not likely to lead to discovery of admissible evidence; (d) seeks confidential, proprietary and business-sensitive information; and (e) seeks information or documents protected by the attorney-client privilege or work product doctrine. Subject to and without waiving the foregoing objections, Aetna refers Plaintiff to the documents being produced herewith, including the letter dated April 2, 2013, Bates stamped as VALENTINE 000883 – VALENTINE 000884.

Response To Request for Production No. 5, Subpart D:

Aetna objects to this Request to the extent that it: (a) is overly broad and unduly burdensome; (b) seeks information not properly discoverable given the needs and issues of this ERISA case under Fed. R. Civ. P. 26(b); (c) seeks information that is not relevant and not likely to lead to discovery of admissible evidence; and (d) seeks confidential, proprietary and business-sensitive information. Subject to and without



Dated: New York, New York  
August 12, 2014  
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waiving the foregoing objections, Aetna refers Plaintiff to the documents being produced herewith, Bates stamped as VALENTINE 000838 - VALENTINE 000904, and the Administrative Record documents previously produced with Aetna's Initial Disclosures, Bates stamped as VALENTINE 000001-000837.

Respectfully submitted,

Michael H. Bernstein

Sedgwick LLP  
225 Liberty Street, 28<sup>th</sup> Floor  
New York, New York 10281  
Telephone: (212) 422-0202  
Facsimile: (212) 422-0925  
*Attorneys for Defendant*

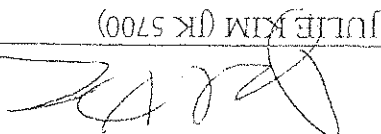
To:

Ronald L. Epstein  
Grey & Grey, LLP  
360 Main Street  
Farmingdale, NY 11735  
(516) 249-1342

CERTIFICATE OF SERVICE

I, Julie Kim, hereby certify and affirm that a true and correct copy of the attached DEFENDANT'S RESPONSES TO PLAINTIFF'S REQUEST FOR DOCUMENTS (with documents Bates stamped VALENTINE 000838 - VALENTINE 000904) was served via Regular Mail on August 12, 2014, upon the following:

Ronald L. Epstein  
Grey & Grey, LLP  
360 Main Street  
Farmingdale, NY 11735  
(516) 249-1342

  
JULIE KIM (JK 5700)

Dated: New York, New York  
August 12, 2014

3

PLAINTIFF'S  
EXHIBIT

NON-NEGOTIABLE

<b>ACTINA LIFE INSURANCE COMPANY</b> P.O. Box 189148 Plantation FL 33318-9148 USA *001481*0011004*002970*		<b>CAROL M VALENTINE</b> 645 RTC 114 EAST HAMPTON NY 11937	
Pay Group: LIM-Hubbard Broadcasting (LTD/INS) Claim No.: 5464356 Check #: 2527374 Check Date: 11/06/2013		Employee ID: 00582342 EOB No.: 14323232 Days Paid: 0	
TAX DATA: Federal MN State Marital Status: Single Allowances: 0 Addl. Pct.: 0 Addl. Amt.: 0			
<b>BENEFIT INFORMATION</b> Benefits under Your Plan: 0.00 Benefit Salary: (amount from which benefits are calculated) Benefit Percentage of Earnings Under Your Plan: 60% Benefit Amount: *5830.20 *This amount may reflect adjustments to your benefit. Please contact customer service with any questions. Minimum Benefit Under Your Plan: 0.00 Maximum Benefit Under Your Plan: 400.00 Frequency: WEEKLY			
<b>BENEFITS BEING PAID FOR THIS PAY PERIOD</b> Description Amount Pay Period Description Amount Pay Period Offsets applied to your benefit for this pay period:			
<b>HOURS AND EARNINGS</b> Description Rate Hours Earnings Description Current YTD YTD			
<b>TAXES</b> Description Current YTD YTD			
<b>BEFORE TAX DEDUCTIONS</b> Description YTD Current Description YTD Current EMPLOYER PAID BENEFITS			
<b>AFTER TAX DEDUCTIONS</b> Description YTD Current Description YTD Current EMPLOYER PAID BENEFITS			
<b>TOTAL GROSS</b> Description YTD Current Description YTD Current EMPLOYER PAID BENEFITS			
<b>TOTAL GROSS</b> Description YTD Current Description YTD Current EMPLOYER PAID BENEFITS			
<b>NET PAY</b> Description YTD Current Description YTD Current EMPLOYER PAID BENEFITS			
<b>NET PAY DISTRIBUTION</b> Description YTD Current Description YTD Current EMPLOYER PAID BENEFITS			
COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380			